



**PATENT**  
Attorney Docket No. INK-039  
(2108/36)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS: Drzaic *et al.* CONFIRMATION NO.: 8699  
SERIAL NO.: 09/289,507 GROUP NO.: 2673  
FILING DATE: April 9, 1999 EXAMINER: J. H. Nguyen  
TITLE: Full Color Reflective Display with Multichromatic Sub-Pixels

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

Sir:

This paper is submitted in response to the Office action, Paper No. 37, mailed from the United States Patent and Trademark Office on June 2, 2004, (the "Office action"). Applicants believe that no fees are due at this time, however, if any additional fees are due, the Director is hereby authorized to charge any such fees to Deposit Account No. 20-0531.

Applicants respectfully request entry of the following amendments, reconsideration and withdrawal of all grounds of rejection and passage of the claims to allowance.

Please amend the above-identified application as follows, without prejudice:

- ☐ **Amendments to the Claims** are reflected in the listing of claims that begin on page 2 of this paper.
- ☐ **Remarks** begin on page 5 of this paper.



2673  
JH

PATENT  
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**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 31st day of August, 2004.

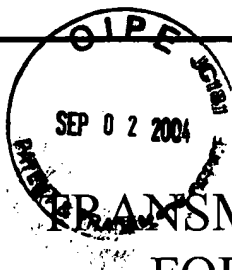
  
Sandra Allen

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 pg);
2. Amendment and Response (6 pgs);
3. Copy of Limited Recognition (1 pg); and a
4. Return Receipt Postcard.



# TRANSMITTAL FORM

Application Serial Number	09/289,507
Filing Date	April 9, 1999
First Named Inventor	Drzaic
Group Art Unit	2673
Examiner Name	J. H. Nguyen
Attorney Docket No.	INK-039
Patent No.	Not applicable
Issue Date	Not applicable

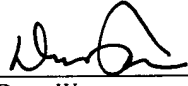
## ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input checked="" type="checkbox"/> Amendment and Response (6 pgs)<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><input type="checkbox"/> Petition for Extension of Time<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application<br><input type="checkbox"/> Formal Drawing(s)<br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> CD(s) for large table or computer program<br><input type="checkbox"/> Amendment After Allowance<br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Brief (in triplicate)<br><input type="checkbox"/> Status Inquiry<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 (1 pg)<br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)<br><input checked="" type="checkbox"/> Copy of Limited Recognition (1 pg) |
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## SIGNATURE BLOCK

Respectfully submitted,  
  
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